

BEST AVAILABLE COPY

| Item | Date | Claim | Final    |
|------|------|-------|----------|
| 1    |      | 100   | Original |
| 2    |      | 99    | Original |
| 3    |      | 98    | Original |
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| 98   |      | 3     | Original |
| 99   |      | 2     | Original |
| 100  |      | 1     | Original |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        | 03-14-01 |
| O.I.P.E. CLASSIFIER       |          |        | 7-19-01  |
| FORMALITY REVIEW          |          |        | 08-24-01 |
| RESPONSE FORMALITY REVIEW |          |        | 1-28-02  |

INDEX OF CLAIMS

✓ = Allowed  
- (Through numerals) Canceled  
~ Restricted  
N Non-elected  
I Interference  
A Appeal  
O Objected